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BY

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PREFACE.

When the present work was commenced it was my intention to make it of a comprehensive character, and I had prepared a considerable amount of material for the purpose of producing a treatise on diseases of the skin in general. Subsequent consideration, however, together with circumstances unnecessary to mention, have induced me to alter my original plan, and to offer instead the present smaller work on some of the more common and obstinate forms of cutaneous affections usually met with in practice.

No scientific arrangement has been attempted, but my views have been given briefly, in general terms, upon the nature and treat-

ment of those diseases, reserving the more minute details for a future occasion, should my present efforts meet with approval.

I trust, therefore, to the indulgence of the reader to pardon any shortcomings which may be observable in the following pages.

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OBSTINATE DISEASES OF THE SKIN.

HAVING for many years paid particular attention to the treatment of skin diseases, I was at the commencement often struck with the difficulty of curing vesicular diseases especially, if treated on the principles usually laid down by dermatologists.

I was induced, therefore, to adopt the hypothesis that those diseases were not, as usually described, the result of a deranged condition of the blood. I frequently found that when constitutional remedies failed, the disease yielded readily to some local application the *modus operandi* of which could not easily be explained. Reasoning, however, on these results, and coupling them with the fact that, in vesicular and scaly diseases there is usually an entire absence of any constitutional derangement, I was led to

the conclusion that there must be some local poison or irritant located in the part, which required the direct application of remedies to effect its destruction. Acting on this hypothesis, I have been in the habit of relying chiefly on the application of local remedies in those cases where no constitutional disturbance was present. I believe that this view of the cause of those diseases will explain the action of arsenic in some degree. It is more than probable that this remedy produces a secondary or indirect local action, independent of its acknowledged tonic effect on the nervous system. Being carried by means of the circulation to the cutaneous surface, it is brought in contact with the local excitant, and thus destroys it. It is well known that arsenic has a powerful effect in destroying fungoïd vegetable growths, and is very extensively used by farmers to cleanse seed-wheat from fungoïd disease; hence its action on the cryptogamic productions in the skin can be readily understood. There are numerous other

remedies which accomplish their destruction with equal certainty when applied locally; and this is preferable in most cases, as many persons have a great dislike to take arsenic, which may have an injurious effect on some of the internal organs, particularly the liver, and therefore ought to be given internally with great caution, or resorted to only when the other remedies do not act with sufficient promptness. This will seldom be necessary if sufficient judgment be exercised in their selection, and due care taken in their application.

When I state that I believe that most of the vesicular diseases, such as ringworm, eczema, &c., owe their origin to parasitic vegetable productions, I do not mean to assert that the constitutional condition of the patient ought to be overlooked, as in many instances it may be in a condition favourable to these productions. Thus, if the seed be planted in a favourable soil it will develope and grow the more readily, but that it originates in the blood I do not believe; it comes

from some source external to the body, but whence or how it is conveyed to it I am unable to say. It is probable that the germs may be conveyed through the medium of the atmosphere, as is the poison of small-pox or scarlatina. It is difficult to understand how the advocates of the constitutional theory can reconcile to it such a disease as herpes circinatus. Here we see one or more distinct spots of the eruption gradually spreading from the circumference, evidently creeping by the multiplication of the original cause. While the rest of the body is perfectly free from disease we apply a local remedy, and the eruption disappears. This is very strong evidence that the affection is due to a local cause.

A good example of this kind presented itself to me some time back at the West London Hospital. A young lad, who was under my care for general debility, called my attention during one of his visits to a small red spot on the side of his neck, and upon examination I found it to consist of an eruption of small vesicles on a red

patch of skin about as large as a pea. Seeing what its nature was, I wished to watch its progress, and did not order anything but the continuance of the tonic medicines which he had been taking. At the next visit the patch was about three times its original size; but the vesicles in the centre began to disappear, and the skin was not nearly so red, but the circumference was even brighter in colour, and the vesicles very numerous. In this way it increased rapidly, when at the third visit it was the size of half-a-crown. He was then ordered an ointment and lotion to apply to it; this immediately checked its extension, and in the course of a week it had quite disappeared. The constitutional symptoms had not altered in any material degree.

Such cases as this plainly show that the cause of the disease was confined to the part affected, and in no way connected with the condition of the blood, except so far as presenting a favourable soil for its development.

In addition to this, the appearance of a cryptogamic fungus may be discovered by the microscope, notwithstanding the disbelief of some of the most distinguished writers on these diseases.

In cases of eczema I have seen many examples in which the cause was evidently unconnected with any morbid condition of the blood, and which yielded to local treatment after having been most rebellious to constitutional remedies. Pityriasis is also generally ascribed to constitutional derangement, but I have seldom found internal remedies of any benefit excepting such as had an indirect local action, and there is no doubt that its obstinate character is often due to the neglect of such means as are necessary to eradicate the exciting cause. If the constitution only were in fault the disease would disappear under the use of such remedies as would bring it to a healthy state, but no amount of internal remedies will effect a cure, if topical means be dis-

regarded where the disease is situated on the scalp.

Persons otherwise in a perfect state of health may be affected with pityriasis capitis for years, and are often not aware that they have anything which can be termed disease the matter with them; the dandriff which it occasions they look upon as natural, until the hair begins to fall off, and attention is thus drawn to it.

There are some vesicular diseases, such as pemphigus and rupia, which require constitutional remedies in addition to the local measures, as those diseases usually attack persons who have been exposed to a continuance of heat and moisture, which probably have a specific effect on the cutaneous structures, rendering the cuticle more easily separated.

There has been no attempt to ascribe their occurrence to any local poison, and it is probable that the parts of the body on which they are developed have been rendered more susceptible by exposure, and the accumulation of acrid

perspiration and dirt. The local treatment in these cases will, of course, require to be of that description which is best suited to remove those causes.

The constitutional remedies are best administered in the concentrated form—that is, the active principles as prepared and used in America. Those prepared by Keith and Co., of New York, I have found very efficacious; and as the dose is remarkably small, there is less difficulty in their administration. Many of those remedies have a peculiarly beneficial effect on the cutaneous circulation, and are perfectly safe in their action, without producing any disagreeable constitutional effects. Podophyllin, which has now become so well known, is of essential value in the treatment of certain cutaneous affections, particularly those of a specific character; given in small doses of one-eighth of a grain three times a day, its alterative effects are very marked. Ampelopsin, the active principle of the woodbine, is also very

useful in this class of eruptions, having considerable alterative powers, and not producing any unpleasant sensations during its administration. Populin has also a most beneficial effect when a diuretic action is desirable; and this is a very important point in the treatment of cutaneous affections. I have seen some eruptions rapidly disappear under the influence of diuretics alone; these were, of course, independent of any parasitic cause. Alnuin is a valuable remedy where there is a scrofulous condition of the system present in connexion with eruptions of the skin; its tonic effects in such cases are very decided. There are numerous other remedies of this description which I might enumerate, but it is unnecessary in this place to enter into a full description of them. They will be found exceedingly valuable when selected with care, so as to suit the indications of each particular case.

In the treatment of cutaneous affections depending on the presence of a cryptogamic

fungus, constitutional remedies do good by rendering the soil unfavourable to its development, and so act in concert with the direct effect of those local applications which are essential to its destruction.

I shall, in the following pages, give a few of those diseases which have usually been found very obstinate to treatment; but it is not my intention, in the present instance, to do more than to give the general principles on which they may be treated with success.

ACNE.

There is, perhaps, no more common disease of the skin than "acne," especially among young persons. And, although it is in most cases curable under proper treatment, it is in many instances very obstinate and difficult to manage if the true cause of its occurrence be not properly understood.

Acne is usually described as a chronic inflam-

mation of the sebiparous glands, and consequently it is very common to apply or administer remedies of an antiphlogistic character, which in many cases only aggravate the disorder. There is no doubt that acne is very frequently the result of a condition of the sebiparous glands the very reverse of excitement or inflammation, as in the acne punctata of Willan, in which the disease occurs from torpidity or inaction of the sebiparous glands, and therefore a totally different treatment will be necessary.

In the healthy state those glands produce their secretion in a fluid condition, so that it passes off readily by the excretory ducts, and no inconvenience is experienced; but if the circulation be sluggish in the glands, the secretion, being scanty, will become thick and impacted in the excretory follicle; it rises to the level of the surface, and by coming in contact with dirt or colouring matter from the atmosphere, becomes black as ink, and the face, if there be a large number of these spots, looks as if sprinkled with

gunpowder. In this condition the thickened secretion can be readily squeezed out, and has the appearance of a maggot with a black head. When this secretion remains any length of time in the follicle it produces irritation and secondary inflammation, resulting in the formation of a pustule, which suppurates slowly and is surrounded by a hardened base, which remains for a variable length of time after the discharge and disappearance of the matter.

When acne occurs in the acute form the disease commences by an inflammatory condition of the follicle and over-excitement of the gland, usually consequent on some derangement of the digestive organs, or from alcoholic stimulants, which seem to have a peculiar influence on those organs; in this form the first symptom is an inflamed and hardened elevation of the size of a pin's head, which soon suppurates, and after a short time the matter dries into a scab, which falls off in a few days, leaving the base red and elevated; this gradually disappears, and a fresh

crop is constantly coming on unless remedies are resorted to to check the disease.

I have here stated the two most common causes of this disease, but there is no doubt that it is very frequently produced by the presence of the steatozoon folliculorum, first described by Dr. Gustav Simon as the acarus folliculorum. I have, in several instances, satisfied myself by microscopic observation of the presence of this animalcule, and have succeeded in curing the disease in a very short space of time solely by remedies calculated to destroy its existence, and which were altogether of a local character. It must, however, be remembered that the existence of this animalcule may, in a great measure, depend on some peculiar condition of the system, and unless measures are taken to correct this, it will reappear. The source from which the animalcule is derived I am not at present prepared to state, but from observations which I am now prosecuting I hope to throw some light on the subject at a future time. Chronic acne is usually ob-

served in persons of delicate constitution, where there is a deficiency of the red constituents of the blood; hence we often meet with it in young females about the age of puberty, when the catamenia are deficient, and where, as is often the case, there is a disinclination to take animal food. It is also very commonly developed in females about the period of life when the catamenia cease. In many of these instances the exciting causes may be widely different, and the success in treatment will depend on a careful discrimination of those causes, and the adoption of remedies suitable to each particular case.

In the chronic form of acne I have not unfrequently seen much harm done by persons using the same remedies which have been successful in other cases. The following is an instance of this mistake:—

In the year 1847 I was consulted by a young lady, fifteen years of age, who had an eruption of pimples scattered over the neck and shoulders. The catamenia in this case had not been fully

established, appearing for a time and then ceasing for several months; the skin was pale and delicate, and there was evidently a want of the red particles of the blood, constituting what is termed anæmia. The patient had a particular dislike to animal food, and would live in a great measure on bread and butter; her mother had, moreover, an idea that a meat diet would increase the disorder, and had administered a quantity of saline cathartics.

She was ordered suitable tonics, with as much animal diet as she could be prevailed on to take, and at the same time local applications calculated to excite a healthy action in the sebiparous glands and ducts were carefully applied. Under this treatment the disease gradually disappeared, but showed itself again if the animal food was discontinued for any length of time; it was therefore necessary to insist on its continuance, with a moderate allowance of ale or porter. In the course of a few months she overcame, in a great measure, her dislike to animal food. The

general health improved steadily. The catamenia returned, and she had no further annoyance from the eruption.

An acquaintance of this patient, several years older, whose constitutional condition was quite the reverse, was also the subject of acne in a very mild form. Thinking that the remedies which had cured her friend would have the same effect on her, she procured them, and after taking them for some time with the ale or porter, she found that she was getting worse; in fact, she had converted a mild into a severe form of the disease. She then applied for advice, and under a slightly antiphlogistic regimen she speedily got well.

In some cases the disease is produced by irritating substances coming in contact with the skin, as lime, &c. A well-marked case of this kind recently came under my observation at the West London Hospital. The subject was a young man, a plasterer by trade. The disease was complicated with a condition of the

hands resembling grocers' itch, and of so severe a character that the patient was unable to follow his occupation. When he first came under my care his hands were swelled, and the ends of the fingers, about the roots of the nails, were much cracked, and bled on the least attempt to bend the joints. From the discharge drying and forming thin scales, it had in some degree the appearance of eczema.

Over the face, neck, chest, and arms the character of the eruption was distinctly that of acne, consisting of the suppurating pustules, interspersed with numerous spots of the punctata form; on the face the latter were even more numerous than the pustules.

The chest was densely covered with the pustular eruption. He had suffered from the disease for about fifteen months previous to his coming under my observation, and had been gradually getting worse. He had been treated by arsenic and various other remedies, without

benefit; in fact, he was taking arsenic when he first came under my care.

I at once stopped the arsenic, and he was put under a course of mild diaphoretic remedies, and alkaline lotions were ordered to be applied to the affected parts, with some mild and soothing ointment, containing chloroform, to allay the irritation. Under this treatment he became much better, and the irritation about the hands greatly diminished. He was then ordered iodide of potassium internally, to be taken in infus. of quassia, and an ointment containing a small quantity of iodine was applied twice a-day.

In about a fortnight after commencing this treatment the hands had nearly healed, the eruption on the other parts of the body greatly diminished, and by continuing for two months he had got quite well and was discharged.

In the treatment of acne, then, it is necessary to ascertain the cause of the eruption, and to apply the remedies in accordance with the principles above alluded to. There are a great

many applications and medicines which have been from time to time lauded as a certain cure for eruptions of this kind, and some of them are exceedingly useful when applied with judgment. Among the internal remedies I may mention sarsaparilla, iodide of potassium, decoction of elm-bark, and infusion of burdock.

I have derived great benefit from alterative doses of podophyllin, and an ointment of phytolacin, which is very efficacious in removing the hardened bases of the pustules after the scabs have fallen off. Fifteen grains may be rubbed up in an ounce of ung. cetaceæ, and applied twice a-day, washing the part once a-day with an alkaline lotion—certain mineral waters, particularly those of Harrowgate; but if these be administered in cases where the system is below par they will do much harm, and protract the cure. I have seen many instances in which the Harrowgate waters had proved injurious in the case of delicate young females.

If, however, the patient be robust, with a

tendency to excitement of the cutaneous circulation, much benefit may be derived from a course of those waters.

Alkaline and sulphur baths will also be of much service in the cure of the disease. And the cold sponge bath, if used every morning, will tend to keep the skin in a healthy condition after the eruption has disappeared.

ECZEMA.

Eczema is one of the most frequent diseases of the skin, and in numerous instances most obstinate in its character, resisting every common form of treatment, sometimes for years. It has been described by Willan as non-contagious, but there are instances of its having been communicated from one individual to another. However, it is a disputed point, and it will require further observation to decide this question. I am inclined to believe, from my own observation, that the secretion from the vesicles of

eczema, if directly applied to the skin of a person of delicate constitution, would produce the disease. I am inclined to this belief more particularly as I consider that the disease is, in most instances, due to the presence of a parasite which might be readily transplanted; and therefore, although it is looked upon as non-contagious, the fact is by no means proved.

Eczema has been divided into a number of forms, according to the different parts of the body on which it appears; but as this is not of any advantage in respect to the treatment, and would not be consistent with the scope of this work, I shall consider the disease as a whole, looking upon the subdivision as mere modifications of an accidental character.

In its mildest form eczema consists of an eruption of minute vessels completely covering the part on which they appear; the vesicles contain a transparent fluid which after a time becomes turbid. It may be absorbed, but more commonly the vesicles burst, and the fluid dries

into minute scales, which after a time fall off, and the skin assumes its normal condition in two or three weeks.

The most common cases of eczema, however, are of a much more severe character, and there is usually a considerable amount of inflammation present, and a profuse discharge of serum; fresh crops of vesicles are continually appearing, and the disease assumes a chronic and obstinate character. It sometimes lasts for years. The inflammation in the most severe cases extends to the cellular tissue, and produces tumefaction, especially when it attacks the face. When it has lasted for any length of time, and the inflammation is severe, with redness of the affected part, it is denominated eczema rubrum.

The true nature of this distressing malady has remained in considerable obscurity, and I believe much harm has been done to patients from the application and administration of unsuitable remedies.

I have no doubt that in the great majority

of cases the cause is entirely local, and depending on the presence of a parasite or cryptogamic fungus, which being of so minute a character that ocular demonstration has been found difficult; dermatologists have therefore hitherto excluded it from the category of these diseases. It will be found, however, that if subjected to the form of treatment which has proved successful in diseases which are acknowledged to be of cryptogamic origin, it will in most cases rapidly disappear. I have treated numerous cases in the West London Hospital on this principle, and have been highly gratified with the results. At the same time I do not neglect the administration of such internal remedies as are most useful in diminishing the cutaneous excitement; and of these perhaps there are none more efficacious than diuretics. Bicarbonate and acetate of potassa, and also barosmin, I have found of great value; the alkalies correct the acidity which is always present in the watery exudation which takes place from the

vesicles, while by exciting the action of the kidneys the skin is relieved of undue excitement.

The two following cases, which I select, are good examples of the value of the plan of treatment above recommended:—

Case 1.—E. H., a female about twenty-five years of age, came under my care at the West London Hospital on the 21st January, 1863. She had suffered from eczema, in a severe form, for several months, and had been under medical care nearly the whole time without experiencing any relief. She stated that she had taken eighteen bottles of medicine, besides drinking apple-tea, which was also prescribed for her, from September until the middle of January; but the disease continued to get worse, and she was obliged to discontinue her occupation in consequence. The whole body was covered, more or less, with the eruption, the face was much swelled, and from about the ears the discharge was so profuse that it dripped as from a

wet sponge. The neck and arms were also thickly covered, as also the scalp. She was immediately put on alkaline diuretics, and local remedies calculated to destroy the parasite, to which I attributed the origin of the disease, were applied, with the effect of at once checking the secretion and moderating the inflammation. This treatment was continued until the 11th of March, when the skin was perfectly clear, and only some debility remained, for which she was ordered some suitable tonics; and she returned to her situation perfectly cured.

Case 2.—L. S., 19 years of age, came under my care on 1st June at the West London Hospital. She had a severe attack of eczema, which was confined however to the sides of the face, ears, and head. She was naturally of a very florid complexion, and the cutaneous circulation was remarkably active, notwithstanding she complained of debility. From the violence of the inflammation in the affected part it was considered advisable to prescribe saline cathar-

tics, in moderate quantity, and acetate of ammonia mixture every fourth hour, soothing applications being applied to the affected part. This was continued for a few days, when she was put on diuretics, internally, and an ointment containing iodine was applied, with a view of destroying the local poison. There was no improvement for a week, and the patient was getting rather disheartened. On close inquiry, however, I found that the local applications had been very imperfectly applied, and sometimes neglected altogether. I therefore enjoined a more strict attention to the directions given with the remedies; which being followed, the disease at once showed symptoms of decline, and continued to diminish rapidly, and in the course of a week the patient was quite well. This was a case which would, in all probability, have lasted for months had it been treated by constitutional remedies only, to the exclusion of those means calculated to remove the local cause.

HERPES CIRCINATUS.

Vesicular Ringworm.

THE varieties into which herpes has been divided by dermatologists depend upon the form and part of the body on which the eruption is situated. There does not appear to be any essential difference in its nature. The forms enumerated are, no doubt, due to some accidental circumstance which determines the locality and appearance. In the variety called herpes zoster I am inclined to attribute its peculiar appearance and form to derangement of some of the cutaneous nerves on the side of the body where it appears. This may account for its being so frequently limited to one side, and not crossing the median line; but when it does so it would only indicate a similar condition of the nerves on both sides of the body. It must not be inferred from this that I set down nervous derangement as the cause of the disease, but simply as directing it to a par-

ticular part thus predisposed to receive the exciting cause, and favour its development in the particular form which has given rise to its name.

Herpes circinatus does not appear to be influenced by any local nervous derangement, but spreads equally in all directions from the spot where the poison has first taken effect, and thus assumes a circular form, as its name implies, any part of the body being liable to it, though it is usually situated on the upper portions, as the face, neck, arms, and shoulders.

The causes of herpes have been stated to be constitutional derangement, sudden exposure to cold when the body has been in a state of perspiration, mental emotions, &c. These I consider as predisposing causes only, the real or exciting cause being some irritant or poison received from without. The exact nature of this exciting cause is difficult to define in all cases. We know, however, that there is continually floating in the atmosphere

a variety of minute particles, so fine as to be inappreciable to our senses, and that amongst these are conveyed, in many instances, the seeds of some of the most serious diseases to which the human frame is liable. The emanations from vegetable matters in a state of decomposition, in low districts, are known to produce intermittent fever, and there is no reason why a poison of a peculiar kind may not be conveyed to the skin in the same manner.

The symptoms and appearance of vesicular ringworm have been so fully described by previous writers that it is unnecessary to dwell on them here.

Herpes circinatus is not, strictly speaking, obstinate to treatment, but it occasionally becomes chronic if the conditions which favour its development be not removed. Our attention must therefore be directed to improving the state of the general health at the same time that local measures are applied to the part. I have found alterative doses of podophyllin pro-

duce a very excellent effect in this disease, and it may be combined with diuretics with good results where there is much cutaneous inflammation. Some of the preparations of iron will be advisable in most cases after the eruption has disappeared, for the purpose of invigorating the constitution and improving the quality of the blood; and these should be continued for some time afterwards. The local measures ought to be such as are calculated to relieve the irritation and destroy the parasite or local cause. Numerous remedies have been recommended for this purpose, such as powdered starch, calamine powder, &c., to absorb the discharge, and sedative lotions of opium, belladonna, aconite, &c., to relieve pain.

The zinc ointment with chloroform, however, I have found to succeed in this respect, when the irritation is great; but the most effectual means of stopping it is by some remedy that will at once eradicate the cause of the irritation, for while this remains sedative applications do

very little good. It is a mistake, as far as I have had an opportunity of judging, to suppose that such remedies aggravate the inflammation; on the contrary, if they be judiciously selected the inflammation will subside rapidly under their influence.

Bleeding from the arm, and the application of leeches, have been recommended, but I have not seen any cases of uncomplicated herpes where such measures were necessary.

TINEA TONSURANS.

Common Ringworm.

COMMON ringworm has received the name of tinea tonsurans from its causing one or more bare patches on the scalp resembling a monk's tonsure. The surface of the patch is covered with minute furfuraceous scales, and the stumps of the hair, which usually rise about the eighth of an inch above the surface, and are twisted and broken, have somewhat the appearance of tow.

The disease is situated in the hair, and is due to the presence of a cryptogamic fungus in its interior.

If one of those hairs be examined under the microscope the outer layer of the hair will be seen broken and split up in various directions, while the sporules will be found forcing themselves between it and the inner portion, acting like a wedge, and causing it to separate and assume the rough and broken character so well known in this disease.

It has been I might say almost universally admitted that this disease is in the highest degree contagious; and when we consider that the sporules which are continually escaping from their seat in the hair become scattered over the surface of the scalp, and may easily be conveyed by means of combs, brushes, and in various ways, to the heads of other individuals, we can readily understand its contagious nature.

Without doubt this disease is most particularly entitled to the term *obstinate;* but with a

rational mode of treatment, directed to the destruction of the parasite, and the removal of all causes and conditions favourable to its development, it may be generally cured in a comparatively short time.

In the treatment of such a disease it is obvious that cleanliness is one of the most essential features, for there can be no doubt whatever that filth and its attendant evils favour the development of the fungus; and although measures may be adopted calculated to destroy it, there is great difficulty in effecting this object unless the other indications be fulfilled.

The general health will, of course, demand attention, and such measures must be adopted as are calculated to improve the condition of the blood, for there is no doubt that a person whose vital powers are below the natural standard of health will be more readily affected by the parasite than one whose system is in full vigour. I do not believe, however, that the disease is due to an altered or depraved state of the blood, as

has been supposed, but I can readily believe that the parasite will find a more congenial soil, and will be propagated with greater rapidity where the vital powers are low. The same conditions will render the disease most obstinate while they remain unremoved.

It will, at the outset of the treatment, be necessary to pay particular attention to the general health, and to improve it by suitable tonics and the observance of perfect cleanliness. Ablutions with soap and water ought to be used freely twice a day, not only to the affected parts but to the entire body, so that none of the sporules may find a lodgment in any place where they might be brought into activity.

The cleanliness of the clothes worn by a person suffering from this affection is a matter of great consequence. The linen should be changed every day, and great care should be taken in washing it, so that the sporules may be perfectly destroyed. The best way to ensure this object is to have all the linen boiled every time it is

washed, and those articles which are not made of washing material ought to be subjected to a high temperature in an oven.

The general health ought to be improved by the administration of suitable tonics and alteratives, such as iron, small doses of podophyllin and corydalin, and a nutritious diet. The local remedies must be used with a view to the destruction of the parasite, and of these a great number have been used with various degrees of success, each having its particular advocates. One chief cause of failure in the treatment of this complaint is the imperfect or irregular application of these remedies; therefore, whatever agent the physician may select, it is absolutely necessary that it should be diligently and perfectly applied and persevered in until the disease be completely removed.

The local remedies which will be found most certain in their action are the various combinations of sulphur, tar ointment, bichloride of mercury, red oxide of mercury, zinc ointment,

lotions of sulphate of zinc, iodine, and a variety of other applications which need not be noticed here.

The sulphurous acid is well known to have a powerful destructive effect on vegetable fungi, and has consequently been considered as a specific in this disease, and if applied with care and perseverance it will, in most cases, effect a cure. When the local applications are used in the form of ointment an alkaline lotion should be used every time, previous to the application, in order to cleanse the skin from the ointment previously applied: soap and water will answer the purpose very well, and is always easily obtained. The hair should be cut close to the scalp, but I do not consider it necessary to pull it out by the roots, as recommended by some authors—indeed I consider it needless cruelty to adopt such a course.

I have found cases which had previously shown the most obstinate resistance to treatment yield readily when the observance of the above rules was strictly enforced.

The variety of ringworm called tinea decalvans, like that already described, is caused by the presence of a vegetable fungus in the hair. Whether the characteristic difference may depend on some peculiarity in the individual attacked, or in any modification of the parasite, I am unable to say; but the chief difference between tinea tonsurans and tinea decalvans is, that in the former the hair-follicle or gland is unaffected, and remains in a state of activity, while in the latter it is atrophied, and the hair falls out, leaving the surface of the patch smooth and shining, and when the hand is passed over it no vestige of the hair can be felt. The patches often enlarge, and unite so that the entire scalp may be denuded. This form of the disease has, like the previous one, been found exceedingly obstinate to treatment, but if taken in time, and the same rules be followed as recommended in tinea tonsurans, it may be cured with comparative facility.

Permanent baldness is often the result of this

form, when it has been long neglected; but if active measures be adopted before the follicles become obliterated, the hair will be reproduced. In all cases, however, it is softer than natural at first, but gradually becomes stronger. In persons above the middle period of life it is apt to be grey after this complaint, but even this may be remedied to a certain extent, or prevented by the timely application of suitable remedies.

One of the best applications in this variety is a solution of sulphurous acid, which appears to destroy the parasite with much certainty. It also stimulates the atrophied follicles in a remarkable manner, and causes the hair to grow again after the application has been continued sufficiently long to effect the destruction of the sporules. Besides this, a vast number of other remedies has been found useful in curing the affection, or favouring the growth of the hair, such as tar liniment, creosote, oil of cloves, or nutmegs dissolved in alcohol, &c. These latter

are only useful in stimulating the follicles after the fungus has ceased to exist.

SYCOSIS.

THIS disease is closely allied to the two preceding forms of ringworm, but still there is sufficient difference to warrant a distinct name. The name sycosis is given to it from the supposed resemblance which the disease bears to the interior of a fig. Sycosis affects principally those parts of the face on which hair grows, as the chin and the cheeks, which are covered by the beard and whiskers. It sometimes attacks the scalp, but is comparatively rare in this situation.

The disease first makes its appearance in the form of an eruption of small pimples, which soon suppurate and become pustules. Each pustule is penetrated by a hair, showing that the follicle is the seat of the affection. The pustules may be thinly scattered over the part, but more

frequently they occur in clusters; and when the disease has existed for any length of time thickening of the integument takes place, and tuberculous-looking swellings are the result. The pustules usually run their course in about a fortnight, but fresh ones make their appearance, and the disease is thus prolonged for an indefinite time unless checked by proper treatment.

The causes of this affection have not been satisfactorily explained, and hence various opinions have been promulgated respecting its origin. M. Basin considers it as the result of a cryptogamic plant, and in this view I fully concur. I have seen numerous cases of it, but have never met with one which did not yield to remedies similar to those recommended in tinea tonsurans. The great object is to destroy the parasite, and if this be effected the disease will soon disappear. During the treatment the use of the razor ought to be dispensed with, and the hair should be cut short with sharp scissors.

When much inflammatory action is present the use of saline aperients will be of great service, and the application of some of the remedies calculated to destroy the parasite will, in general, effect a cure. Local and general bleeding have both been recommended when the inflammation is of an acute character, but I do not consider it at all necessary if the ordinary antiphlogistic rules regarding diet and the use of stimulants be attended to.

TINEA FAVOSA.

Scald Head.

Of all diseases which attack the scalp this one is the most generally known to the common people, whose habits of life favour its development.

The obstinate nature of the affection has always been acknowledged, and its cure has long been a problem to all who have taken an interest in cutaneous diseases. The chief cause of the

difficulty which has been found in curing favus appears to be a mistaken view of its nature. Schönlein, of Berlin, was the first who discovered in the crusts of favus a cryptogamic plant, which has been named the achorion, or trichophyton Schönleinii, in honour of the discoverer. Some eminent dermatologists still doubt the vegetable nature of the crusts, and attribute the peculiar appearances to an altered or diseased cell-formation, situated in the hair-follicles; it is probable, however, that the hair-follicles only become secondarily affected, and that the peculiar fungus which produces the disease may be first developed in the epidermis surrounding the follicles. The belief that the hair-follicles were exclusively the seat of the disease formerly led to the adoption of the most barbarous modes of treatment, under the impression that a cure could not be effected until all the roots of the hair were extracted. One of the most common methods of doing this was by covering the head with a pitch-plaster, and

when the hairs had become impacted in the pitch, the plaster was torn off, pulling the hair and crusts along with it. This process was repeated until all the roots of the hair were removed.

When the crusts of favus remain long undisturbed they cause a depression in the integument, which may become so deep that the hair-follicles may become obliterated, and permanent baldness result.

The treatment of this affection requires the greatest possible attention, and, as in the preceding forms, must be directed to the restoration of the constitutional powers, and the destruction of the parasite.

To fulfil the first indication the exhibition of alteratives and tonics will be advisable. Diuretics are also exceedingly useful, by exciting the action of the kidneys, and so eliminate any injurious element that may have found its way into the blood.

Alteratives will also be of great benefit at the

commencement of the treatment; those which possess a tonic power will be most suitable for this purpose. The corydalin will be found most efficacious; it is alterative, tonic and diuretic, and will thus fulfil three indications at the same time. Small doses of podophyllin may be combined with it, or given at intervals. Other alteratives may be tried, and will do more or less good according to the judgment exercised in their selection; but the chief reliance must be placed on local treatment, for no amount of medicines given internally will effect a cure while the parasite is undestroyed.

In the first instance the hair should be cut close to the scalp, with sharp scissors, and a poultice applied so as to soften the crusts and render their removal more easy. After the crusts have been removed, and the whole body as well as the head been washed in soap and water, such remedies ought to be applied as are capable of destroying the fungus. The application of strong sulphurous acid to the scalp by

means of a glass rod, allowed to remain a few seconds, and then washed off with cold water, is said to be a specific. I have seen cases cured in a short time by it, but I find the various combinations of sulphur in the form of ointments the most certain in their action, as they can be rubbed in so as to penetrate the pores, and are thus brought more perfectly into contact with the parasite. Alkaline lotions are also necessary, and ought to be used to cleanse the scalp at least once a-day.

The ointments of nitrate of mercury, red oxide of mercury, dried alum, calomel, cantharides, and a great number of applications besides, have all been highly spoken of, but none of them will answer the purpose unless they are applied with the greatest care and made to penetrate the pores, and unremittingly persevered in. I consider, as before stated, that the cause of many failures in the treatment of this complaint, is the imperfect manner in which the remedies are applied. It will be conse-

quently incumbent on those who have the management of the patient to bestow the requisite care if they hope to succeed in effecting a cure.

PSORIASIS.

I NOW come to the disease which of all others has been, and still is, one of the most obstinate to cure when not treated with energy and judgment in the beginning. I do not here propose to enter into any description of its appearances, as they are so generally understood, and shall therefore confine myself to a few remarks on its nature and treatment.

The causes of psoriasis are still but imperfectly understood; it is generally admitted that irritating substances applied to the skin are capable of producing it,—an hereditary tendency is also ascribed to it, and it is probable that there are many instances in which the peculiarity of constitution favourable to its development may be

transmitted from parent to child. Now, this has given rise to the idea that the disease is always due to a specific taint in the constitution, and most assuredly those who hold this doctrine have very strong grounds on which to found their belief.

There is one form of the disease which is described by authors as due exclusively to this cause, and it differs so slightly from the other forms in which it is observed, that the difference may readily be believed to be the result of certain modifications received during its transmission through one or two generations.

I do not here include the forms described as grocers' and washerwomen's itch, which are due to local irritation, which I do not believe to be true psoriasis, but more nearly allied to eczema.

Psoriasis is universally admitted to be non-contagious, and therefore the idea of a parasitic origin cannot be entertained, consequently we must look to the constitutional condition, whether hereditary or induced, for the cause of it.

In cases where it has apparently been inherited, or where the predisposition has been transmitted, it is much more difficult to cure than where it can be traced to a specific cause originating in the individual attacked, and we are naturally led to inquire how, or through what medium, the disposition to it is conveyed,—whether it is in the blood or in some peculiar impression imparted to the nervous system, such as that which causes peculiarities of form and disposition to be transmitted from parent to child.

The subject is one involved in much obscurity, and it is to be feared that it will be long before any definite conclusion will be arrived at concerning it.

The treatment must be mainly constitutional, but yet great advantage may be derived from the judicious use of external remedies. To go through the list of the various medicines recommended for its cure would be tedious, and it will, therefore, only be necessary to mention those which I have found most efficacious.

There is no internal remedy which has obtained so high a repute in the cure of this disease as arsenic—and most undoubtedly it is the most powerful we possess,—but many persons have a strong prejudice against taking it, from a fear that they may be ultimately poisoned by it. It is, therefore, most desirable that we should possess some remedy which can, in a large number of cases, be substituted for it.

I have, in a previous part of this little work, alluded to the great value of the concentrated or active principles of certain medicines in the cure of cutaneous diseases, and I can speak most highly of them in the treatment of the disease under consideration.

As this complaint seems to be so often due to a specific taint in the constitution, I was induced some years ago to employ podophyllin and corydalin in combination; and I was most agreeably surprised at the result.

In the beginning of 1861 I was consulted by an unmarried lady, about twenty-four years of

age, for an eruption of psoriasis, which she said made its appearance once at least every year, and lasted for four or five months at a time, fading away in the intervals. She was of a delicate and scrofulous appearance, having fair hair and blue eyes. The eruption was chiefly situated on the arms and chest.

I could not make out any history of the parents which could satisfy me that anything of a specific nature could be traced; however, I did not consider it of much consequence, as the indications for treatment were tolerably clear. Now, this patient had been under treatment of various kinds for the complaint, but nothing seemed to have the effect of removing it for more than a few months. She had once or twice been ordered arsenic, but she was so much afraid of it that she could not be prevailed upon to continue it for a sufficient length of time to effect any permanent good. Under these circumstances I prescribed podophyllin in combination with corydalin, one-eighth

of a grain of the former to two grains of the latter made into a pill—one to be taken three times a-day, the bowels having been previously acted on by a mild cathartic.

In the course of three weeks the eruption began to fade, and at the end of two months it had completely disappeared.

In addition to the above, she took sulphur baths every second or third day; after the eruption had completely disappeared the pills were discontinued for a time, and the patient was ordered a tonic of gentian, quassia, and liq. taraxaci. After the lapse of two months the pills were resumed for a fortnight at a time with an interval of about a month, and the sulphur baths were taken occasionally. By continuing this plan for about a year the disposition to the return of the disease seemed to be arrested, and the patient has remained free from it up to the present time. I have no doubt the cure could have been effected by arsenic, perhaps more promptly, but, as before stated, the patient could

not be induced to continue it sufficiently long, and therefore it was satisfactory to have a remedy which could be substituted for it without any objection on the part of the patient.

When psoriasis can be distinctly traced to a specific cause in the individual it can readily be cured by the administration of mercury and iodide of potassium; but even in these cases the podophyllin will be found an excellent substitute for mercury. I have in many instances relied entirely on the administration of this remedy for the cure of secondary eruptions, and have rarely found it fail where it was regularly persevered in. When it is thought desirable that mercury should be given we have an excellent combination of three powerful agents in Donovan's solution.

I may remark that there is no absolute certainty in the action of remedies in this complaint, and therefore the peculiarities and idiosyncrasies of constitution must be taken into account. When one remedy fails, another, ap-

parently not so powerful, will often succeed, because it may be more agreeable to the peculiar nature of the individual.

I may here mention that where psoriasis attacks children of a scrofulous constitution cod-liver oil will be of essential benefit, and should form a principal part of the treatment.

Change of air and sea-bathing will always be beneficial in restoring the vigour of the constitution, especially where there is a scrofulous tendency, and, where it can be had recourse to, should never be omitted.

PRURIGO.

PRURIGO is one of the most distressing maladies that affects the cutaneous structure, being usually attended with a degree of intolerable itching, which causes the patient to scratch and tear the skin with the nails to such an extent that it may be described as a state of continual torment. This affection has been generally described as an

eruption of papulæ, but this is somewhat doubtful, for there are many cases in which no alteration whatever can be detected on the surface; it is most probable that the papulæ are the result of the scratching, and are secondary in their character. Prurigo is generally chronic, and sometimes lasts for life, particularly that form of it which is described as prurigo senilis. It is a non-contagious affection, and appears to be a hyperæsthesia of the cutaneous nerves. The skin when affected with this disease is generally somewhat yellow and discoloured-looking, except in the milder form, in which there is no alteration observable.

There are usually three forms of the disease described by authors—viz., prurigo mitis, prurigo formicans, and prurigo senilis; the two first are merely different degrees of the same form. Prurigo senilis is chiefly remarkable for its tendency to cause the production of pediculi.

In prurigo vulgaris the neck, chest, shoulders, and outside of the thighs are the usual seat of

the affection at first, but if it become chronic it spreads to the other parts, so that the entire cutaneous surface may become affected. The itching is increased by either exposure of the skin to cold, as in undressing, or by the warmth of the bed, and the patient will be for hours scratching the affected parts, and is almost deprived of sleep. The papulæ are thus torn with the nails, and minute black scabs form on their apices, which are very characteristic of this affection.

Prurigo may occur at all seasons of the year, but I have found it to be much more frequent in winter than during the other seasons. The cold seems to have a peculiar influence over the cutaneous nerves. I know several persons who suffer from it as soon as the cold weather sets in, but who are perfectly free from it in summer. Among the lower orders, however, where cleanliness is not observed, the dust and acrid perspiration which accumulate on the skin are a very frequent cause of prurigo.

That the seat of the disease is in the cutaneous nerves I think there can be no doubt, but how this condition is induced is rather obscure. It is probable that certain stimulating articles of diet may produce it. It is said to be a frequent accompaniment of pregnancy, and of derangement of the secretions, and also of mental emotions. There are also cases in which it is excited by particular medicines. I know one case in which a dose of morphia always produces a degree of pruritus soon after it has been taken; it never lasts more than a few hours however, and is of a very mild character.

Prurigo senilis seems to be the result of debility, or, in fact, a want of proper nourishment of the nervous tissue, which renders it more irritable than natural. It is probable that a deranged condition of the functions of the liver and kidneys is a frequent cause of the affection, and attention should always be directed to these organs during the treatment. When, therefore, we are called upon to prescribe for prurigo, it

will be necessary to inquire carefully into the condition of the different secretions, and correct any derangement, as far as practicable, before having recourse to specific remedies.

The employment of tepid baths daily will be of great service; the temperature should be about seventy—if higher it may only aggravate the complaint. I usually prefer the sulphur bath to any other; it should at first be made weak, and the strength increased if it do not produce irritation. For the relief of the pruritus I have found chloroform more useful than any other application; it may be added to iodide of lead ointment. Lotions of the bichloride of mercury will be found exceedingly useful in prurigo senilis when there is a disposition to the production of pediculi. Hydrocyanic acid has also been found very serviceable in allaying the pruritus, but, as above stated, chloroform is usually sufficient for this purpose, and much safer. Chloroform may be applied in the form of lotion with glycerine, but I prefer it in some ointment.

The cucumber ointment is a very useful and agreeable medium when it has to be applied to the neck or chest. The internal remedies which will be found of service in this complaint are those which are calculated to restore the secretions and give tone to the nervous system.

Diuretics will, in some cases, be of great service, and of these none are more to be relied on than the active principle of the buchu (Barosmin). I have derived great benefit from its use in this affection. Preparations of iron will be indicated when there is anæmia. It will always be desirable to combine anodynes with the internal remedies; the most useful, perhaps, is the conium. As the complaint is somewhat allied to neuralgia, medicines which have a favourable action on that complaint will also be generally useful in bringing the nervous system to a healthy condition. Nervine tonics, therefore, are always indicated. Those which act on the hepatic secretions are also of great service, and for this purpose alterative doses of podophyllin,

combined with leptandrin or helonin, will generally be found more efficacious than mercurials. Change of air and sea-bathing will often be of great service, but there are cases in which the sea air cannot be endured by patients suffering from this complaint. When, however, there is any idiosyncrasy of this kind change to a higher situation will be desirable.

At all times strict attention must be paid to the diet, and all articles of a stimulating or heating nature, both of food and drink, should be avoided.

THE END.

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